FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 25, 2002 8:00 am Secretary of State M44861 DOCUMENT # 1. Entity Name 04-25-2002 90015 035 ***150.00 KDK INTERNATIONAL, INC. Mailing Address Principal Place of Business 10746 N.W. 21 ST. 10746 N.W. 21 ST. CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 Mailing Address 2. Principal Place of Business 078 NW 6 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State FEI Number 59-2851358 Not Applicable Country \$8.75 Additional Žip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEERS, KENNETH E., JR. Street Address (P.O. Box Number is Not Acceptable) 10746 N.W. 21 ST. **CORAL SPRINGS FL 33071** Zip Code City his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE nted name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE TITLE 7078 NW67^{DD}TEHANE PARKAND FLORIGA 33067 NAME NAME BEERS, KENNETH E., JR. STREET ADDRESS STREET ADDRESS 10746 N.W.21 ST. CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete TITLE TITLE 7078 MUSTON TORPOE NAME: * BEERS, DEBORA A. NAME STREET ADDRESS 10746 NW 21ST ST. STREET ADDRESS PARLIMA FLOGIAL 9101) CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TIT) F NAME NAME STREET ADDRESS

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7iP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition